

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$112,000.79,

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

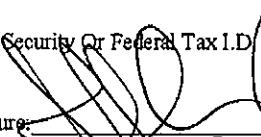
Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATOR

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS



You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$122,478.94

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Capital Markets _____
(Print Or Type)

Signature:

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Capital Markets
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: May 6, 1977

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08A11:25 RCVD



0544640071208154441001515

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$280,472.86

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

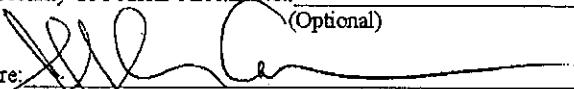
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Capital Markets
(Print Or Type)

Social Security Or Federal Tax I.D. No.: _____
(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARELL
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Capital Markets
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

KURTZMAN CARSON

1C - Delphi-DAS Debtors

2

01-11-08A11:25 RCV



0544640071208154441001514

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$95,976.84

ACCEPTS (votes FOR) the Plan. REJECTS (votes AGAINST) the Plan.

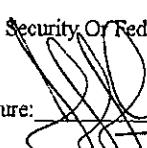
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc dba Revenue Management as assignee of
Applied Handling Inc
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Jeffrey L Caress
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

IC - Delphi-DAS Debtors

01-11-08A11:57 RCV'D

2



0544640071208154636004858

CLASS C GENERAL UNSECURED CLAIMS

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$22,104.75

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

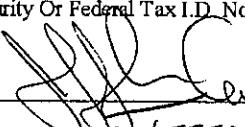
Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc dba Revenue Management as assignee of Applied Handling Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Jeffrey L Caress
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

IC - Delphi-DAS Debtors

01-11-08P03:48 RCV

2



0544640071208154636004857

CLASS C GENERAL UNSECURED CLAIMS

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$233,750.00

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

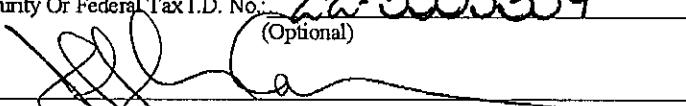
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc dba Revenue Management as assignee of
Bardons & Oliver Inc
(Print Or Type)

Social Security Or Federal Tax I.D. No. 22-3555359
(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Jeffrey L Caress
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

KURTZMAN CARSON 2

01-11-08A 11:25 RCV'D



0544640071208154636004862

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$71,947.33

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

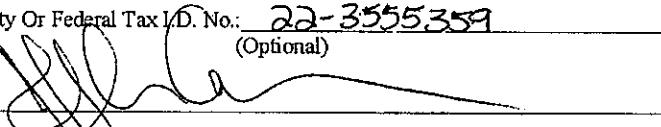
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc dba Capital Markets as Assignee of Warren
(Print Or Type) City of Utili Svcs of

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: 

Name Of Signatory: James Fenzer
(If Other Than Voter)

Title: Authorized Signatory

Address: Liquidity Solutions Inc dba Revenue Management
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

01-11-08P03:49 RCV

2



0544640071208154636004855

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$265,694.00

ACCEPTS (votes FOR) the Plan. **REJECTS** (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

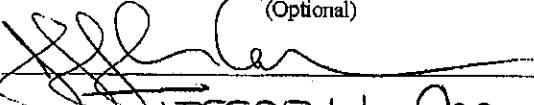
Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARON

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

KURTZMAN CARSON

1C - Delphi-DAS Debtors

2

01-11-08A11:25 RCVD



0544482071208154628004685

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$60,577.03

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.:

22-3555359

(Optional)

Signature:

Name Of Signatory:

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Capital Markets
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

10C - Delphi Medical Systems Colorado Corporation

2



0544507071208161102000290

01-11-08A11:22 RCV

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$72,786.00

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

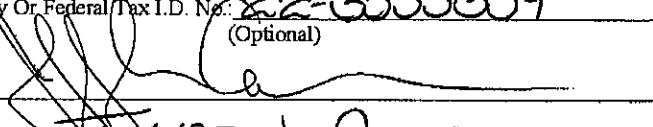
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc AS ASSIGNEE OF WEST VIRGINIA POLYMER CORPORATION
(Print Or Type)

Social Security Or Federal Tax I.D. No. 82-3555359
(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

2

01-11-08A11:26 RCV



0544640071208154633004808

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$180,407.58

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

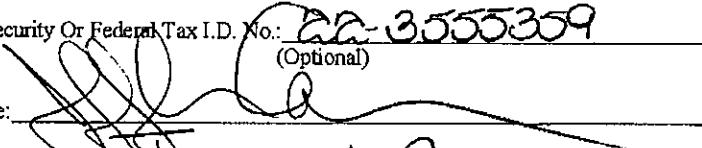
Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 02-3555359

(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

IC - Delphi-DAS Debtors

2

01-11-08A11:22 RCVD



0544640071208154632004785

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$63,696.63

ACCEPTS (votes FOR) the Plan. REJECTS (votes AGAINST) the Plan.

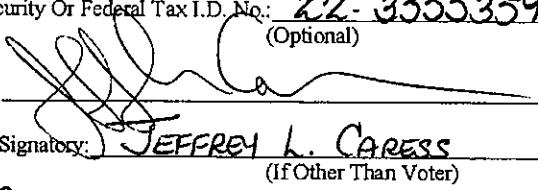
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc dba Revenue Management as assignee of
Applied Handling Inc
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZES SIGNATURE

Address: Jeffrey L Caress
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

RECEIVED

JAN 11 2008

KURTZMAN CARSON

1C - Delphi-DAS Debtors

01-11-08P03:48 RCVD

2



CLASS C GENERAL UNSECURED CLAIMS

0544640071208154636004859

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$969,141.63

ACCEPTS (votes FOR) the Plan. REJECTS (votes AGAINST) the Plan.

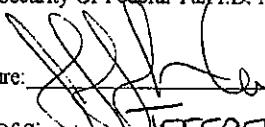
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc AS ASSIGNEE OF AMERICA ONLINE INC.
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS
(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: as Agent for SPCP Group LLC
One University Plz Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

01-11-08P03:49 RCV'D

2



You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$152,461.57

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

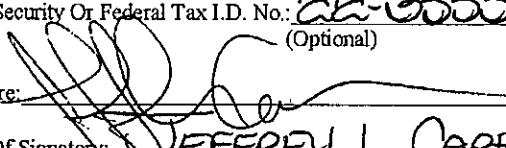
Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No: 22-3555359

(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARELL

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAŚ Debtors

KURTZMAN CARSON

2

01-11-03P03:19 RCV



0544640071208154630004746

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$594,923.93

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

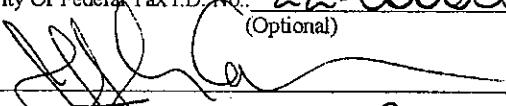
Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARESS

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

01-11-08P03:46 RCV

2



0544640071208154632004777

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$68,480.00



ACCEPTS (votes FOR) the Plan.



REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359

(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CARELL

(If Other Than Voter)

Title: AUTHORIZED SIGNATORY

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

10C - Delphi Medical Systems Colorado Corporation

2

CLASS C GENERAL UNSECURED CLAIMS



0544507071208161102000291

01-11-08A11:26 RCV

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$101,752.01

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

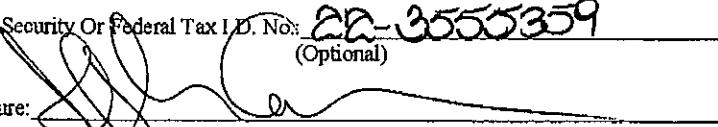
Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: Liquidity Solutions Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 22-3555359
(Optional)

Signature: 

Name Of Signatory: JEFFREY L. CAREW
(If Other Than Voter)

Title: AUTHORIZED SIGNATURE

Address: Dba Revenue Management
One University Plaza Ste 312
Hackensack, NJ 07601

Date Signed: 12/31/07

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

1C - Delphi-DAS Debtors

2

01-11-08A11:25 RCVD

CLASS C GENERAL UNSECURED CLAIMS



0544640071208154632004771

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$668,185.49

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: McCann Erickson USA Inc

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-001173

(Optional)

Signature: Richard Petrilli

Name Of Signatory: _____

Richard Petrilli
Authorized Signatory

Title: _____

Address: Attn CFO
360 W Maple Rd
Birmingham, MI 48009

Date Signed: 1/10/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

IC - Delphi-DAS Debtors

01-11-08A11:51 RCVD

2



0544640071208154702005389

CLASS C GENERAL UNSECURED CLAIMS

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$30,102.47

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

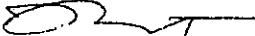
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: SPCP Group LLC as agent for Silver Point Capital Fund LP and Silver Point Capital Offshore Fund LTD
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: 

Name Of Signatory: Richard Petrilli
(If Other Than Voter)
Authorized Signatory

Title: _____

Address: Attn Brian A Jarman
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1 | 9 | 08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

8C - Delphi Mechatronic Systems, Inc.

KURTZMAN CARSON

2

01-11-08A11:48 RCV



054456707120816062900365

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$180,000.00

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

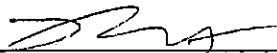
Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SPCP GROUP, LLC AS ASSIGNEE OF

Name Of Voter: Multek Flexible Circuits Inc et al

(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: 

Name Of Signatory: Richard Petrilli

(If Other Than Voter)
Authorized Signatory

Title: _____

Address: Brian Jarmain
SPCP Group, LLC
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

1C - Delphi-DAS Debtors

01-11-08A11:54 RCV'D

2



CLASS C GENERAL UNSECURED CLAIMS

0544640071208154720005717

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$65,537.49

ACCEPTS (votes FOR) the Plan. **REJECTS** (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: SPCP Group LLC as agent for Silver Point Capital Fund LP and
Silver Point Capital Offshore Fund LTD
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: 

Name Of Signatory: Richard Petrilli
(Authorizing Signatory)

Title: _____

Address: Attn Brian A Jarman
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

1C - Delphi-DAS Debtors

KURTZMAN CARSON

CLASS C GENERAL UNSECURED CLAIMS

2

01-11-08A11:51 RCVD



0544640071208154857007328

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$24,141.71,

ACCEPTS (votes FOR) the Plan. REJECTS (votes AGAINST) the Plan.

Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

**Complete This Table Only If You Have Voted Class C General
Unsecured Claim Ballots Other Than This Ballot**

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SPCP Group LLC as agent for Silver Point Capital Fund LP and
Name Of Voter: Silver Point Capital Offshore Fund LTD
(Print Or Type)

Social Security Or Federal Tax I.D. No: 20-0001173
(Optional)

Signature: Richard Petrilli

Name Of Signatory: Richard Petrilli
(If Authorized Signatory)

Title: _____

Address: Attn Brian A Jarman
Two Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

KURTZMAN CARSON

5C - Delco Electronics Overseas Corporation

2

CLASS C GENERAL UNSECURED CLAIMS



0544610071208160230000059

01-11-08A11:46 RCVD

You may receive multiple mailings containing Ballots. You should vote each Ballot that you receive for all of the claims that you hold.

Item 1. Vote On Plan. (Please check one.) The undersigned, the holder of a Class C General Unsecured Claim against the Debtors in the unpaid amount of \$500,000.00

ACCEPTS (votes FOR) the Plan.

REJECTS (votes AGAINST) the Plan.

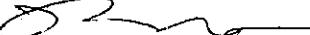
Item 2. Certification. By signing this Ballot, the undersigned hereby certifies that: (a) on November 26, 2007 it was the holder of a Class C General Unsecured Claim to which this Ballot pertains (or an authorized signatory therefor), (b) it has full power and authority to vote to accept or reject the Plan, (c) it has received a copy of the Disclosure Statement (including the appendices and exhibits thereto), (d) it understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement, and (e) either (i) it has not submitted any other Ballots for Class C General Unsecured Claims or (ii) it has provided the information specified in the following table for all other Class C General Unsecured Claims for which it has submitted additional Ballots (please use additional sheets of paper if necessary):

Complete This Table Only If You Have Voted Class C General Unsecured Claim Ballots Other Than This Ballot

Name Of Holder	Account Number (If Applicable)	Amount Of Claim
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Name Of Voter: SPCP Group LLC
(Print Or Type)

Social Security Or Federal Tax I.D. No.: 26-0001173
(Optional)

Signature: 

Name Of Signatory: Richard Petrilli
(If Other Than Voter)
Authorized Signatory

Title: _____

Address: Attn Brian Jarman
2 Greenwich Plz 1st Fl
Greenwich, CT 06830

Date Signed: 1/9/08

If your address or contact information has changed, please note the new information here:

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JAN 11 2008

CLASS C GENERAL UNSECURED CLAIMS

1C - Delphi-DAS Debtors

KURTZMAN CARSON

2

01-11-08A11:46 RCVD



0544640071208154856007311